

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

enforcement
PROMULGATED BY HHS
FORM APPROVED
OMB NO. 0938-0391

45th 710/17/70th 7/26/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

CORNERSTONE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 353 SS-E	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 26 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the automatic sprinkler system. This deficiency affected 3 of 11 smoke compartments.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 5/9/17 between 9:52 AM and 11:30 AM revealed storage within 18 inches of sprinklers in the following locations;</p> <ol style="list-style-type: none"> 1. In the pantry off of dietary. 2. Storage room on upper level. 3. Lower common area closet. <p>NFPA 101, 19.3.5.1, NFPA 13, 8.6.6.1</p>	K 353	<ol style="list-style-type: none"> 1. The items that were noted during survey as being stored within 18" of a Sprinkler Head in the 3) pantry off of dietary, 2) storage room on upper level and 3) lower common area closet were removed on 5/9/17 2. All other storage areas in the facility were reviewed on 5/10/17 to ensure that no items were found to be stored with 18" of a Sprinkler Head and none were found to be out of compliance. 3. A systematic approach to ensure compliance with this standard will be to remove top shelves in storage areas and mark with red tape to ensure that there is 18" between the item stored on the top shelf of a storage shelf and a Sprinkler Head; height is clearly marked. The following staff will be educated on the requirement that no storage item is to be placed within 18" of a Sprinkler Head: Maintenance Supervisory Staff, Dietary Supervisor Staff, Respiratory Managers, Therapy Manager, Director of Nursing, Assistant Director of Nursing and Central Supply. An audit will be maintained to ensure compliance with the standard. 4. The Quality Assurance Staff will maintain an audit on a monthly basis to ensure that no item in storage is placed within 18" of a Sprinkler Head. The results of the audit will be presented at the monthly Quality Assurance and Safety Committee meetings. 	6/15/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445433

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

05/09/2017

NAME OF PROVIDER OR SUPPLIER

CORNERSTONE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 353

Continued From page 1

The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 5/9/17.

K 521

SS=F

NFPA 101 HVAC

HVAC

Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.

18.5.2.1, 19.5.2.1, 9.2

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to maintain fire dampers. This deficiency affected all 11 smoke compartments.

The finding includes:

Observation, record review and interview with the maintenance director on 5/9/17 at 9:05 AM revealed the fire damper maintenance has not been conducted every 4 years as required. NFPA 101, 4.4.2.1, NFPA 80, 19.4.1.1

The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 5/9/17

K 711

SS=F

NFPA 101 Evacuation and Relocation Plan

Evacuation and Relocation Plan

There is a written plan for the protection of all patients and for their evacuation in the event of

K 353

K 521

1. The Fire Dampers that were noted on 5/9/17 during survey as not being tested/serviced by the required 4 year schedule will be tested and serviced on 5/30/17.

2. All other Fire Dampers in the facility will be tested/inspected on 5/30/17 with a picture and logged "passed" before the inspection is over.

3. A systematic approach to ensure compliance with this standard will be to educate the Maintenance Supervisory Staff on maintaining testing and inspection of all Fire Dampers on a every 4 year schedule. An audit will be maintained to ensure compliance with the standard.

4. The Quality Assurance Staff will maintain an audit on a monthly basis to ensure all Fire Dampers have being tested and inspected every 4 years. The results of the audit will be presented at the monthly Quality Assurance and Safety Committee meetings.

6/15/17

K 711

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 05/09/2017
--	--	--	--

NAME OF PROVIDER OR SUPPLIER

CORNERSTONE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

2012 SHERWOOD DRIVE

JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 711

Continued From page 2
an emergency.
Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.
18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3
This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to ensure all dietary staff were familiar with the kitchen hood suppression system and components. This deficiency affected all smoke compartments.

The finding includes:

Observation and interview with 2 of 2 dietary staff members revealed they were not familiar with the kitchen hood suppression system and components when given a scenario. NFPA 101, 19.3.2.5.3, NFPA 96, 10.2.6

The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 6/9/17.

K 920
SS=E

NFPA 101 Electrical Equipment - Power Cords and Extens

Electrical Equipment - Power Cords and Extension Cords
Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment

K 711

1. The Dietary Kitchen staff that were working during survey and did not use the correct procedure for the kitchen hood suppression system during a fire drill on 5/9/17 were immediately in-serviced as to the correct procedure on 5/9/17.

2. All other Dietary kitchen staff were in-serviced on the correct procedure for the kitchen suppression system during a kitchen fire drill on 5/10-12/17.

3. A systematic approach to ensure compliance with this standard will be to educate the Dietary Kitchen Staff on the correct procedure for the kitchen hood suppression system during a fire drill during their new hire orientation. A Fire Drill audit of the kitchen staff for their appropriate response during a fire will be maintained to ensure compliance with the standard.

4. The Quality Assurance Staff will maintain an audit on a monthly basis to ensure all Dietary Kitchen Staff are responding appropriately by using the kitchen hood suppression system during a

6/15/17

K 920

cont.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 05/09/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 711	Continued From page 2 an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all dietary staff were familiar with the kitchen hood suppression system and components. This deficiency affected all smoke compartments. The finding includes: Observation and interview with 2 of 2 dietary staff members revealed they were not familiar with the kitchen hood suppression system and components when given a scenario. NFPA 101, 19.3.2.5.3, NFPA 96, 10.2.6 The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 5/9/17.	K 711	cont. kitchen fire drill. The results of the audit will be presented at the monthly Quality Assurance and Safety Committee meetings.		
K 920 SS=E	NFPA 101 Electrical Equipment - Power Cords and Extension Cords Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment	K 920	1. The UL unapproved Power Strips that were noted in rooms 502, 507, 509 and 609 during survey in the resident's rooms that had not-medical equipment plugged into them were removed immediately from service on 5/9/17 cont.	6/15/17	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LW8W21

Facility ID: TN6102

If continuation sheet Page 3 of 5

Duplicate

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 446483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2017
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

CORNERSTONE VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE
2012 SHERWOOD DRIVE
JOHNSON CITY, TN 37601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 920	<p>Continued From page 3</p> <p>(PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure approved power strips were being used in resident rooms. This deficiency affected 1 of 11 smoke compartments.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 5/9/17 between 10:19 and 10:30 AM revealed medical equipment was plugged into non-approved power strips:</p> <ol style="list-style-type: none"> 1. Resident room 502 had bed plugged into power strip that was not UL 1363A. 2. Resident room 507 had bed and oxygen concentrator plugged into power strip that was not UL 1363A. 3. Resident room 509 had bed plugged into power strip that was not 1363A. 	K 920	<p>2. All other resident's rooms were checked on 5/9-10/17 for UL unapproved Power Strips and none were found to be present.</p> <p>3. A systematic approach to ensure compliance with this standard will be to educate the Maintenance and Housekeeping Staff on what is an approved and unapproved UL Power Strip and that only Medical Equipment in the resident's room may be plugged into the strip. Going forward, new Hubbell 4-Plex Receptacle Adapter Plates with portable box wiring and assembly installation will be used in place of the power strips in the resident rooms with notification that these outlets are only to be used for medical equipment. An audit will be maintained to ensure compliance with this standard.</p> <p>4. The Quality Assurance Staff will maintain an audit on a monthly basis to ensure that only the Hubbell 4-Plex Receptacle Adapter Plates with portable box wiring and assembly installation will be used in the resident's room for medical equipment. The results of the audit will be presented at the monthly Quality Assurance and Safety Committee meetings.</p>	cont.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/11/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/09/2017
NAME OF PROVIDER OR SUPPLIER CORNERSTONE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 920	Continued From page 4 4. Resident room 609 had an extension cord in use. The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 5/9/17.	K 920			